

July 14, 2016
Stephen C. Taylor
Commissioner
D.C. Department of Insurance, Securities and Banking
810 First Street NE
Suite 701
Washington, D.C. 20002

Dear Commissioner Taylor,

As organizations dedicated to improving the health and wellbeing of all DC residents, we have come together in response to the DISB request for public comment to inform a community health reinvestment plan for the CareFirst \$56 million excess surplus from 2011. We thank you for your leadership in moving forward this important opportunity to invest much-needed dollars into community health programs and services, and we urge you to consider the following recommendations on how the surplus should be administered and spent in the District of Columbia.

We are a coalition of 13 stakeholder organizations, brought together by common concerns around the health of DC residents. While each organization has unique interests and specific funding priorities in mind, we all believe that CareFirst's surplus must be invested in activities that will promote and safeguard the public health as called for in the Medical Insurance Empowerment Act of 2008.

We support the following principles for the process of how the surplus should be administered:

- Establish a Trust to immediately receive the \$56 million.
- Designate one or more local foundations to administer the trust under guidance and monitoring from DISB. The foundation(s) would take responsibility for establishing a fair and transparent selection process for allocating funds that meet the DISB guidelines.
- Have DISB and the Foundation(s) develop a spending plan for the trust covering a period of multiple years, no more than five total.
- Require evaluation components for all investments that test new or promising models, including investment cost-effectiveness, quality, effectiveness and efficiency. All reports and evaluations on investments should be made public.

We also support the following principles for DISB to set in guiding Trust administrators' selection of investment priorities. Specifically, funding proposals should:

- Help eliminate disparities and increase health equity.
- Address the social determinants of health.
- Be evidence-based, protocol-driven, and/or emerging best-practice models.
- Create alignment or improve coordination across sectors, such as homeless/housing, physical health, behavioral health, corrections, school, and disability rights.
- Speak to health needs identified in the Urban Institute Report, *Health Needs in the Washington Metropolitan Area* (Broadly: improve access to care in underserved areas; reduce disparities in chronic disease; improve mental health of adolescents).
- Avoid funding programs and services that are the basic responsibility of the DC government, such as funding existing DC government programs.

The \$56 million surplus could have an enormous impact in the local community, and we urge you to consider our proposals to ensure that these dollars are spent in responsible, meaningful, and lasting ways.

We thank you for your consideration and would welcome an opportunity to discuss it further.

Sincerely,

Bread for the City
 Children's Law Center
 DC Fiscal Policy Institute
 Families USA
 Family and Medical Counseling Service, Inc.
 Family Voices of the District of Columbia Inc.
 Greater Washington Society for Clinical Social Work
 Legal Aid Society of the District of Columbia
 Miriam's Kitchen
 National MS Society, Greater DC-Maryland Chapter
 ONE DC
 University Legal Services
 Washington Interfaith Network

cc: Chairman Phil Mendelson
 Councilmember Vincent Orange
 Councilmember Anita Bonds
 Councilmember David Grosso

Councilmember Elissa Silverman
Councilmember Brianne Nadeau
Councilmember Jack Evans
Councilmember Brandon T. Todd
Councilmember Kenyan McDuffie
Councilmember Charles Allen
Councilmember Yvette Alexander
Councilmember LaRuby May